

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Paul F. Romano Jr</u>	COURT CASE NUMBER <u>CW 06-573 JJF</u>
DEFENDANT <u>Mr Carl Danberg Attorney General</u>	TYPE OF PROCESS <u>Civil</u>

<b>SERVE</b> ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>State of Delaware</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>820 North French Str 8th Flr Carvel State Bldg</u>	
<b>AT</b>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Paul F. Romano Jr  
Suop 23207 Dupont Blvd  
Georgetown Del 19947

Number of process to be served with this Form - 285

15

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Sign In Person

Signature of Attorney or other Originator requesting service on behalf of:

Paul F. Romano Jr
☐ PLAINTIFF  
☒ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

9/8/06**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

BF

Date

10-23-06I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Keith Brady Asst St. Solicitor

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service  
10/30/06Time  
am  
pm

Signature of U.S. Marshal or Deputy

BF

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or District of Delaware	Amount of Refund
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REMARKS:

OCT 31 9 32 AM '06

FILED